



**Barbara Taylor.** *The Last Asylum: A Memoir of Madness in Our Times.* Chicago: University of Chicago Press, 2015. 320 pp. \$20.00, paper, ISBN 978-0-226-27392-1.

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Barbara Taylor's *The Last Asylum* is a strikingly honest and personal portrayal of an episode of madness in the final days of the asylum era. The narrative focuses on the author's personal lived experience, yet the work sheds light on the wider framework of mental health policy during the 1980s and 1990s in Britain. The work is not a "history" in the traditional sense; that is to say, it does not focus markedly on the themes or chronology that readers might expect of academic histories. Instead, the book offers a rare insight into a mind of madness, revealing an interpretation of one individual's encounters with treatment regimes. In doing so, the book analyzes the achievements and failures of different treatments offered to one individual within the mixed economy of care in 1980s Britain.

Taylor's work is written for a lay audience as well as for scholars. It offers an introductory account of the Victorian asylum system, which to many scholars will be familiar territory. Within her prologue, Taylor writes: "I am not a historian of psychiatry," although elsewhere she shows a competent understanding of the historiography (p. xii).[1] For this reason, a historian of mental health may find nothing "new" in Taylor's narrative. Yet to believe this would be to miss the point. While not a traditional academic history, the portrayal offers some thought-provoking insights of

value to historians. Moreover, the book poses interesting questions about the representation and portrayal of mentally ill people as they fall under the historian's gaze. By putting the service user firmly back into their own narrative of recovery, this approach corresponds with the analysis of Roy Porter, who long ago recognized the need to bring patients into the history of psychiatry.[2] Hearing the voice of the service user from the perspective of a recovered individual, while by no means unique, remains an extremely powerful literary trope that historians can use to full advantage.[3]

The labyrinth of community care services, the irregular nature of record keeping, and the difficulty of gaining access to surviving records often make it challenging for historians to create an accurate understanding of how these facilities worked in everyday practice.[4] Therefore, *The Last Asylum* is important as it not only offers a narrative of institutionalization in a mental hospital but also narrates Taylor's experience of a range of other psychiatric facilities—including her hostel and day center facilities. There is much insight to be gained from Taylor's narrative about the care she received and its importance in facilitating her recovery. Her analysis also has potential importance for today's policymakers and mental health professionals.

Psychiatry and psychoanalysis run hand in hand throughout the text and Taylor describes them as being “a very effective working team” (p. xiii). Psychoanalysis and her relationship with V, her analyst, often takes center stage within the narrative, and extracts of conversations between the two are bravely recalled in earnest detail. Psychoanalysis is described as Taylor’s “main treatment of choice,” but she acknowledges that psychiatry and the asylum became her “stone mother” and her “safe place to be” when she most needed help (pp. 268-69). Nevertheless, her enthusiasm for psychoanalysis sets the text apart, and while much has been written about psychiatry, less has been written about psychoanalysis as a form of treatment in late twentieth-century Britain. Taylor herself describes how “psychoanalysis gets a bad press these days, especially as a treatment for severe mental illness,” and she explains how she was often chastised and derided by many psychiatrists for her insistence on psychoanalytic treatment (p. xiii). Given the detail provided, Taylor’s explanation of these sessions and her deep belief that they helped her recovery provide interesting insights for the historian and lay reader alike. In the epilogue, the distance between psychoanalysis and psychiatry as two completely distinct bodies of healing and treatment begins to be reconciled. Taylor identifies what she considers to be the most effective treatment policies, where psychiatrists think “about the meaning of symptoms, instead of just trying to dose the symptoms away” (p. 264). She suggests that, for many patients, time, encouragement, support, and the feeling that they are being listened to make all the difference in their journeys to recovery.

An avid feminist with a keen interest in social justice, Taylor identifies some important relationships about class and gender. These insights have been instilled from her time spent inside and outside Friern Hospital and add to the narratives of historians who have attempted to research the intricacies of identities from the perspective of accessing, receiving, and even administering mental

health care.[5] While many historians have identified the importance of social class in relation to mental health, Taylor’s work offers a direct insight into this relationship, stating: “poverty is a psychological catastrophe.... Living in Friern I saw first-hand how poverty plays hell with people’s minds” (p. 130). Nevertheless, despite this assertion, little is found out about the personal circumstances of other patients, and Taylor’s own educated middle-class identity makes this distinction ambivalent within the text. With regard to gender, however, Taylor confirms a well-voiced fact about the process of caregiving beyond the hospital walls. She identifies that “when politicians talk about ‘community care’ what they really mean is women: women inside and outside of families; women struggling, often with meagre resources, to look after loved ones” (p. 83). While this is a fairly uncontentious viewpoint, *The Last Asylum* showcases in great detail *how* this caregiving took place, the enormity of the task, and the mundane and extreme events with which Taylor’s friends had to deal during her illness. This personal story offers points for generalization and understanding in a way that is difficult to access and interpret in formal mental health primary sources.

The book’s epilogue is important for a variety of reasons and is crucial in reinforcing Taylor’s argument. Indeed, the epilogue takes a more scholarly approach than the rest of the narrative. It is well researched. Taylor used a collection of research papers, historical documents, and social policy information, and conducted a series of interviews with professionals, service users, and activists to offer an assessment of modern-day practice. This research is then used to highlight the difference between the psychiatric services during her illness and what they are like today. The resulting picture is honest but occasionally bleak. Explaining the need for more money to be invested into the “Cinderella Service” that is psychiatry, Taylor emphasizes the importance in understanding patients’ histories to achieve a proper diagnosis, rather than just the administration of drugs

(p. 256). One interview with a psychiatrist identified that individual patient histories have been lost in a system concerned only with fixing symptoms. She claims that, at the time of being interviewed, “individual patients have vanished” behind their symptoms (p. 268). If we accept this conclusion that an individual’s experiences have become less important, then Taylor’s individual story of survival becomes even more important, showcasing that uncovering personal histories can be the route to real recovery.

Taylor’s conclusion from both her research and her personal experience is one echoed by many post-revisionist historians: it is too simplistic to merely look at the old asylum system as merely good or bad. These binary oppositions are not a useful tool of analysis if we want to assess the impact of this regime holistically. There is ample evidence to suggest that the mental health system of the asylum heyday was chaotic and deeply flawed, and there is no doubt that unforgiveable abuses occurred in many institutions. Those who were commissioned to manage asylums and, later, mental hospitals had an impossible task, especially when faced with the numbers of institutions and patients involved. Nevertheless, it must be acknowledged that among stories of misery, there were often many grounds for optimism. As in Taylor’s narrative of her time in Friern, some patients recovered and returned home cured. Patients have recounted extremely happy memories of their time in institutions and have identified friendships, which were built as part of their incarceration, both with other patients and occasionally with staff. Clearly a range of factors influences an individual patient’s experience, including their specific illnesses, the institution they are sent to, the peculiarities of the staff and patients who live and work alongside them, and the level of support and care they continue to receive from their families and friends in the outside world. Taylor finishes her analysis by asking an important question: what now happens to those who need the support of the institution in a nation in-

vested in community care? This is increasingly asked as more and more information comes to light about some of the weaknesses of community care provision, and it is a very important question, and one that Taylor adequately uses to try and highlight some of the shortfalls in the current system of care.

#### Notes

[1]. Barbara Taylor, “Demise of the Asylum in Late Twentieth Century Britain: A Personal History,” *Transactions of the Royal Historical Society* 21 (2011): 193-215.

[2]. Roy Porter, “The Patient’s View: Doing Medical History from Below,” *Theory and Society* 14, no. 2 (1985): 175-98.

[3]. For more on this, see “Testimony: Inside Stories of Mental Health Care,” 1DVDR0000733, British Library Sound Archive, London.

[4]. Peter Bartlett and David Wright, “Community Care and Its Antecedents,” in *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000*, ed. Peter Bartlett and David Wright (London: The Athlone Press, 1999), 1-18.

[5]. For an interesting selection of work on these topics, see Jonathan Andrews and Anne Digby, eds., *Sex and Seclusion, Class and Custody: Perspectives on Class and Culture in the History of British and Irish Psychiatry* (Amsterdam: Rodopi, 2004).

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